

**CIVIL PENALTY ASSESSMENT -- IMMEDIATE \$150**

FACILITY NAME		DATE	
FACILITY ADDRESS	CITY	STATE	ZIP CODE
LICENSEE(S)		FACILITY #:	

A Licensing Report (LIC 809 or LIC 9099) was issued on \_\_\_\_\_ giving notice that your facility has been found in violation of one or more requirements for which an immediate civil penalty is warranted in accordance with one or more of the following California Health and Safety Code Sections: 1548, 1568.0822, 1569.49, 1596.99 and 1597.58.

You are hereby notified that an immediate civil penalty of \$150 per violation followed by \$150 per day per violation until corrected is assessed for the period of \_\_\_\_\_ through \_\_\_\_\_ for the following violations:

- ☐ Violations which result in injury, sickness or death of a client in care. (Does not apply to Residential Care Facilities for the Chronically Ill or Foster Family Homes.)
- ☐ Fire clearance violations (Does not apply to Family Child Care Homes.)
- ☐ Absence of supervision
- ☐ Accessible bodies of water
- ☐ Accessible firearms, ammunition, or both
- ☐ Licensing agent refused entry to a facility or any part of a facility
- ☐ The presence of an excluded person on the premises

<b>Total # of (Per Day ) Violations:</b>	_____
	<b>X \$150</b>
<b>Total Penalty Assessed</b>	<b>\$ _____</b>

YOU WILL RECEIVE AN INVOICE IN THE MAIL.  
DO **NOT** SEND MONEY UNTIL YOU RECEIVE YOUR INVOICE

NAME OF LICENSING PROGRAM ANALYST	SIGNATURE OF LICENSING PROGRAM ANALYST	DATE
NAME OF FACILITY REPRESENTATIVE/TITLE	SIGNATURE OF FACILITY REPRESENTATIVE	DATE
SUPERVISOR REVIEW/SIGNATURE (FOR INTERNAL USE ONLY)	TITLE	DATE

## IMMEDIATE CIVIL PENALTY ASSESSMENT FORM EXPLANATION TO LICENSEE

---

Immediate civil penalties can be assessed against any licensee for:

- A violation of one or more requirements for which an immediate civil penalty is warranted in accordance with California Health and Safety Code Sections 1548, 1568.0822, 1569.49, 1596.99, and 1597.58.
- A violation which results in injury, sickness, or death.

If any of the violations on this form are cited for a Residential Care Facility for the Elderly or a Residential Care Facility for Persons with Chronic Life-Threatening Illness, and it is the 2nd or subsequent repeat violation within 12 months of the last repeat violation, it will be reflected on the LIC 421, not on this form.

As noted on the front of this form, a civil penalty has been assessed for one of the above.

You will receive an invoice in the mail. Payment is due when billed. Payment must be made by a personal, business or cashier's check or money order made payable to the "California Department of Social Services". Please write the facility number and invoice number on your check and include a copy of your invoice with the payment. You will find the invoice number on your invoice. **DO NOT SEND CASH.**

### APPEAL RIGHTS

The applicant/licensee has a right without prejudice to discuss any disagreement concerning the proper application of licensing laws and regulations with the licensing agency. When civil penalties are involved, the licensee may request a formal review by the licensing agency to amend, extend the due date, or to dismiss the penalty. Requests for civil penalty appeal must be in writing, must be postmarked within 10 days of receipt of this form, and must be addressed to the Regional Office of jurisdiction over the facility. The agency has a duty to review the facts presented without prejudice within a 10-day period. Upon review of the facts upon which the appeal is based, the agency may amend any portion of the action taken, or may dismiss the violation. The licensing agency review of an appeal may be conducted based upon information provided in writing by the licensee. The licensee may request an office interview to provide additional information. The licensee will be notified in writing of the results of the agency review.